

BOOK REVIEWS

CALIFORNIA MEDICINE does not review all books sent to it by the publishers. A list of new books received is carried in the Advertising Section.

CARDIOVASCULAR DYNAMICS—Third Edition—Robert F. Rushmer, M.D., Director, Center for Bioengineering; Professor and Head, Division of Bioengineering, School of Medicine; Professor of Bioengineering, College of Engineering, University of Washington, W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1970. 559 pages, \$20.00.

This third edition is an extensive revision of Dr. Rushmer's original text, "Cardiac Diagnosis: A Physiologic Approach." It represents an attempt to relate, in a single volume, basic cardiovascular physiology to clinical diagnosis. There is a new section on arterial hypotension and shock, and newly rewritten chapters by guest authors on the coronary system, the electrical activity of the heart, and on valvular heart disease. The volume, however, while generally good, is not of uniform high quality; the most serious objection being lack of depth. In Chapter I, for example, "Properties of the Vascular System," blood volume is barely touched upon. In Chapter II, there is a new and welcome seven-page section, "Development of the Normal Heart"; this would be of greater help had the author included an illustration of the developmental aortic arches. The section "Causes of High Blood Pressure" was disappointing in its superficiality, particularly with regard to the exciting hormonal discoveries of the past decade. All adrenal and renal mechanisms are allocated a scant three pages; angiotension is given one paragraph in a different section; the prostaglandins are not mentioned. The most recent bibliographic paper, of which Dr. Rushmer was a co-author, dates from 1967. There is a nicely rewritten section on cardiovascular responses during exertion in man, partly correcting a deficiency in the earlier edition, which primarily described animal studies.

The strongest parts of the book, as in the previous edition, deal with hemodynamic mechanisms and the physics necessary for proper measurement and understanding. There are lucid descriptions and illustrations, helpful to the clinician. In summary, even with its deficiencies this book will serve as a useful reference to students and clinicians, particularly to those now beginning their training in clinical cardiology.

LUCY S. GOODENDAY, M.D.

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AMERICAN MEDICINE IN CRISIS—Edward P. Luongo, M.D. Philosophical Library, Inc., 15 East 40th Street, New York City (10016), 1971. \$9.95.

About every year or so for about the last dozen years, another book appears having to do with the health scene in the United States and, in general, the tone has been to down-grade the physicians who help deliver the care.

Most of these books have been received with horrendous boredom and are gathering dust on library shelves.

These are reminiscent of the remark Henry Kaiser made when he told the press that he didn't really enjoy losing several hundred million dollars in his ill-fated venture in producing automobiles, but he was disappointed that when you threw a pebble that size into a pool, it didn't make a bigger splash.

The recent "American Medicine in Crisis" by Dr. Ed-

ward P. Luongo, formerly Professor of Preventive Medicine at UCLA and now serving in a comparable capacity at Georgetown University, should make more of a splash.

In a humorous, articulate and tongue in cheek manner, he comments on the medical scene and, particularly, comments on the fact that all health problems are not solved by physicians but are corollary to the problems of ignorance and superstition and fear.

It isn't the physician's fault that some of the worst medical care in the world is within a block or two of the great medical centers. The crisis seems to be somewhat a matter of definition and as when the late John Foster Dulles arrived at the airport and was asked where he wanted to go he replied, "Take me anywhere, there is a crisis everywhere."

One gets the impression that Dr. Luongo views the planners with some amusement. Having been involved in many meetings with planners myself along with others, I often wonder who is home minding the store. Presumably, even poor planning is analogous to dyspareunia which is said to be better than no pareunia at all.

He comments with much charm that medicine is still an art and it is about time to talk back to the computers, who would make medicine a skilled trade rather than a way of life.

Of particular interest is the fact that he deplors the situation today wherein the doctor becomes an advocate and if he isn't willing to more or less stretch the truth for his patient, he loses the good will of the patient and this is, naturally, true when litigation is involved. The advocate system has always seemed stupid to doctors since they are accustomed to fighting the common enemy of disease and have a suspicious feeling that the ends of justice are not determined in the advocate system by the facts but by the skill of the advocate.

Dr. Luongo's plea for more training in the humanities for doctors and emphasis on the wide and intelligent use of leisure is a delight. He does not advocate the return to practicing medicine by instinct but speaks well for the combination of humanitarianism and technical skill, which the ideal physician should have.

WILLIAM F. QUINN, M.D.

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A SYNOPSIS OF PHARMACOLOGY—Second Edition—V. C. Sutherland, Ph.D., Professor of Pharmacology, University of California, San Francisco. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. (19105), 1970. 720 pages, \$10.75.

In its second edition, this synopsis has grown from 267 to 720 pages, reflecting the amount of new information made available in the last eleven years. The organization of chapters leaves much to be desired. For example, while the discussion of analgesics and anesthetics (including local anesthetics) under the heading of agents affecting the central nervous system may be acceptable, discussion of such drugs as colchicine, indomethacin, probenecid, allopurinol, and gold salts (and their actions in gout and rheumatoid arthritis) is clearly out of place in this chapter.